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CONFIRMATION NO. 5568

<b>SERIAL NUMBER</b> 10/624,451	<b>FILING OR 371(c) DATE</b> 07/21/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 021629-000400US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/306,813 11/27/2002 which claims benefit of 60/336,967 12/03/2001 and claims benefit of 60/364,389 03/13/2002

This application 10/624,451

is a CIP of 10/306,620 11/27/2002 PAT 7,147,656 which claims benefit of 60/336,607 12/03/2001

This application 10/624,451

is a CIP of 10/306,622 11/27/2002 which claims benefit of 60/336,767 12/03/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 03/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

20350

**TITLE**

Apparatus and methods for delivery of variable length stents

<b>FILING FEE RECEIVED</b> 3158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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